WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 21 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

85

File No. 3768

Registration District No. 1001

Registered No. 118

Primary Registration District No. Mo. Meth. Hosp.

1. PLACE OF DEATH
County: Buchanan
Township:
City: St Joseph Mo (No. ..., Mo. Meth. Hosp. St. ... Ward)

2. FULL NAME: Infant Day

(a) Residence, No. ... St., ... Ward. Pattonsburg Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 1 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	4 days	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Joseph Mo.

FATHER
13. NAME: Roy Day
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pattonsburg Mo

MOTHER
15. MAIDEN NAME: Roberta Kirk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pattonsburg Mo

17. INFORMANT (ADDRESS): Roy Day Pattonsburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pattonsburg Mo DATE: Feb 6 1932

19. UNDERTAKER (ADDRESS): Roy Day (father) Pattonsburg Mo

20. FILED: FEB 5 1932 John R Belcher M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1932 to Feb 5 1932

I last saw he alive on Feb 5 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 8 mos.	
159	
698	
159	

Other contributory causes of importance:
159 Dehydration
acidosis

(1)

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) H. S. Samuel, M. D.
(Address) St Joseph Mo.